

**BLUEFIELD STATE COLLEGE
HUMAN RESOURCES DEPARTMENT
DATA SHEET
(TO BE COMPLETED BY EMPLOYEE)**

DATE: _____

Name: _____		SSN: _____	
Address: _____		Email: _____	
City: _____	State: _____	Zip: _____	
Phone: _____	DOB: _____	County of Residence: _____	
<u>GENDER</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>CITIZEN TYPE</u> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non Resident Alien <input type="checkbox"/> Resident Alien	<u>RACE- Check All That Apply</u> Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 - American Indian or Alaska Native <input type="checkbox"/> 2 - Black or African American <input type="checkbox"/> 3 - Asian <input type="checkbox"/> 4 - Native Hawaiian /other Pacific Islander <input type="checkbox"/> 5 - White	
<u>ACADEMIC RANK</u> <input type="checkbox"/> 0 - Classified Staff (No Rank) <input type="checkbox"/> 1 - Professor <input type="checkbox"/> 2 - Associate Professor <input type="checkbox"/> 3 - Assistant Professor <input type="checkbox"/> 4- Adjunct Professor <input type="checkbox"/> 5 - Instructor <input type="checkbox"/> 6 - Teaching Asst/ Graduate Asst. <input type="checkbox"/> 7 - Lecturer <input type="checkbox"/> 8 - Visiting Instructor <input type="checkbox"/> 9 - Non-Classified <input type="checkbox"/> 10 - Extra Help		<u>VETERAN</u> <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Other Eligible Vet Only <input type="checkbox"/> 2 - Vietnam Veteran Only <input type="checkbox"/> 3 - Both Vietnam/Other Eligible Veteran	<u>PRIMARY LOCATION</u> <input type="checkbox"/> 1 - BLUEFIELD <input type="checkbox"/> 2 - GREENBRIER <input type="checkbox"/> 3 - OFF-CAMPUS (WELCH) <input type="checkbox"/> 4 - BECKLEY <input type="checkbox"/> 4 - NICHOLAS <u>YOUR OFFICE LOCATION:</u> BUILDING _____ ROOM # _____ PHONE # _____
<u>HIGHEST DEGREE (specify discipline)</u> <input type="checkbox"/> 0 - No degree info available <input type="checkbox"/> 1 - Doctoral degree <input type="checkbox"/> 2 - First professional degree (DDS, DO, DVM, JD, LLB, or MD) <input type="checkbox"/> 3 - Advanced cert. (CAS, CAFS, or Ed.S) <input type="checkbox"/> 4 - Masters degree <input type="checkbox"/> 5 - Bachelor's degree <input type="checkbox"/> 6 - Associate degree <input type="checkbox"/> 7 - No earned degree Specify Discipline: _____		Total Years Worked in Higher Education _____ Previous employment at another WV College (give dates) _____ Are You A Graduate of Bluefield State College? (give date) _____ Date Employed _____ _____ <p align="center">_____ Employee Signature</p>	
In case of emergency notify:			
Name: _____		Name: _____	
Relationship: _____		Relationship: _____	
Phone: _____		Phone: _____	

May we release your name, address and phone number to those who inquire? Yes No

HR Representative Signature

Date entered in Banner